PTO/SB/06 (U8-03)
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Substitute for Form PTO-875								10828699		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR		R THAN ENTITY
FOR NUMBER FILED			ER FILED	NUMBER EXTRA		RATE'	FEE		RATE	FEE
BASIC FEE (37 GR 1.18(a))						s	OR		.770	
67	CFR 1.16(c))	25	25 minus 20 =		. 5			CR	× 8	90
	EPENDENT CUAL CFR 1.18(b))	us 5	5 minus 3 =			x so		OR	x 8=	172
MULTIPLE DEPENDENT CLAIM PRESENT (57 CFR 1.18(d))						+5		OR	+: .	1
" If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	1032
, CLAIMS AS AMENDED - PART II										
	9///06 (Cotumn 1) (Cotumn 2) (Cotumn 3)			(Cotumn 3)	SMALLE	NTITY	OR		R THAN ENTITY	
ENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total ca com 1.18(d)	25	Minus	25	.0	X \$		OR	X 8	
Ä	(17 CFR 1.18(h))	'7	Minus	5	2	X 5=		OR	X \$o	400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+1		CR	+5 =		
						TOTAL ADD'L FEE		CR	TOTAL ADO'L FEE	400
12.22.06 (Cotumn 1) (Cotumn 2) (Cotumn 3)										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST- NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADOI- TIDNAL FEE
MO	(D) (27 (T) (1.16(d)	• 5	Minus	25		X \$		OR	X 8 =	
Ē	Independent (37 CFR 1.16(2))	. 5	Minus	7	•	X 8		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+1 0		CR	+: -	
Aul						TOTAL ADDL FEE		OR	TOTAL ADDIL FEE	
X	1000	(Cotumn 1)		(Column 2)	(Column 3)					
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	7 RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
×	Total (17 CFR 1,18(x))	• 13	Minus	- 35	- /	xs		· OR	X \$ =	
AMEN	independent (37 CFR 1,18(bi)	. 2	Minus	P	-/	X3_ "		os ×	XS .	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.18(d))					+1/-		OR.	+1 0		
TOTAL ADD'T FEE								OR.	TOTAL ADD'L FEE	
	of the entry in or	olumn 1 is less the	n the entry	in column 2, with	e "O" in column :		·_	, v. .	-WULFEE	
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" In This SPACE is less than 3, enter "7.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief bromation Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.